

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

Deandre Wilson

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 16-c 5028
(To be supplied by the Clerk of this Court)

Cook County Correctional
facility

Cermak Health

Services of Cook

County

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)**

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)**

OTHER (cite statute, if known)

***BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.***

RECEIVED

JUN 24 2016 *EAG*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

I. Plaintiff(s):

- A. Name: Deandre wilson
- B. List all aliases: N/A
- C. Prisoner identification number: 2014-1107231
- D. Place of present confinement: cook county correctional facility
- E. Address: p.o.Box 089002 Chicago,IL,60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: cook county correctional facility
Title: _____
Place of Employment: Cook County
- B. Defendant: Cermak Health Services of Cook County
Title: _____
Place of Employment: Cook County correctional facility
- C. Defendant: unknown Jane doctor
Title: _____
Place of Employment: Cook County correctional

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have a serious medical emergency due to the living conditions of Cooks county correctional facility, my condition being an infection that has set up in my eye. I've been in this condition approximately 13 months. I've been seeking medical attention that I have been deprived of 10 months ago I was told it was a simple infection, and several months prior to today's date I was told that I was scheduled for an surgery to remove what is believed to be a sty. My eye has been in severe pain for the past 7-8 months, which I have dropped multiple medical request forms describing my pain level to be a 10 in which my condition was ignored. I in fact do believe my condition is from being housed in Division 7. For majority of my stay in this facility I was housed in division 7 which was announced as a condemned building. As of today my condition has only got worst. I have a knot on my eye that makes my eye appear to be swollen shut, with a pain so excruciating it refrains me from even laying on that side of my face. I'm constantly told over and over by "nurse O"

My appointment has been rescheduled. On March 21, 2016 I notified Officer Holmes several times that I was in need of emergency medical attention in which my eye was bleeding. Approximately 8:00pm being the first time I notified him, at that time he neglected to notify the nurse or Sergeant on duty, or even come check on me. After being told for the 3rd time he then notified the nurse on duty doing the medicine cart and her response was fill out a medical slip again. I had a medical emergency and neither of them examined My eye, gave me a band-aid, Anti-bacteria cream, or even Pain medication for the pain. I then asked Officer Holmes his badge number and was simply denied. On March 24, 2016 I notified officer on duty and he immediately notified "Nurse O" who inspected my eye gave me a half pack of tylenol and a yellow medical form. She then told me that's all she could do and said I was a no show at my appointment. I then asked how am I a no show in Cook county Custody and she replied "she doesn't know how it works and how come they continue to reschedule my appointment. My condition has caused extreme discomfort and I feel my situation has been over looked for far too long to go without consequences.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be reward 2 million dollars
for pain and suffering due to The injury's
I Sustained from The negligence on cook
County's behalf.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 26 day of June, 20 16

Deandre wilson
(Signature of plaintiff or plaintiffs)

Deandre wilson
(Print name)

2014-1107231

(I.D. Number)

P.O. Box 089002 Chicago, IL, 60608

7327 S. dorchester Chicago, IL, 60619
(Address)